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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number		
	A	ED - PART I	PART I (Cotumn 2)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY			
			umn 1) ER FILED		NUMBER EXTRA				1		
FOR BASIC FEE			EX FILED	NUMB	EK EXIKA		RATE (\$)	FEE (\$)	1	RATE (\$)	FEE (\$)
(37 CFR 1.16(a), (b), or (c)) SEARCH FEE						ĺ		<u> </u>	1		
(37 CFR 1.16(k), (1), or (m)) EXAMINATION FEE (37 CFR 1.18(o), (p), or (q))											
TOTAL CLAIMS (37 CFR 1.16(1))		w/	minus 2	. ·			x7500=		OR	x50 63 =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))		MS	minus 3 =		•		x (30.50 =			x 200, FO =	
APPLICATION SIZE FEE (37 CFR 1.18(s))		sheets of is \$250 (sadditional	If the specification and sheets of paper, the app is \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) a		plication size fee due entity) for each fraction thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							180.00			360.00	
•141	he difference in oc	dumn 1 is less the	ın zero, er	iter "0" in column	2.		TOTAL			TOTAL	
APPLICATION AS AMENDED PART II											:
	(Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	3/3/06	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.18(1))	53	Minus	3	.35		×స్ట్రిక్కలు =		OR	x 50. 02.	1600
	Independent (37 CFR 1.16(4))	. 9	Minus	7	2		x /02. ^{C5} =		OR	x 200. ^{C-1}	400
AME	Application Siza Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR				R 1.16(I)		180.00		OR	360,00	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	2000
		(Column 1)		(Cotumn 2)	(Column 3)				1		
AMENDMENT B.	711/04	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(1))	. 52	Minus	" <i>51</i>	•		x =		ØR.	х =	
	(37 CFR 1.16(h))	. 2	Minus	"3	·		х =		OR	X =	
	Application Size Fee (37 CFR 1.16(s))										
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I))								OR		
							TOTAL ADD'L FEE	(OR	TOTAL ADD'C FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

"If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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